



MONTANA DEPARTMENT OF
PUBLIC HEALTH & HUMAN SERVICES
VITAL RECORDS & STATISTICS BUREAU
PO BOX 4210
HELENA, MT 59604-4210

PATERNITY ACKNOWLEDGMENT

PLEASE PRINT USING A BLUE PEN

CHILD'S NAME (First, Middle, Last)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CITY OF BIRTH	HOSPITAL	
MOTHER'S NAME (First, Middle, Last (MAIDEN SURNAME))		MOTHER'S DATE OF BIRTH
MOTHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	MOTHER'S RACE	MOTHER'S SOCIAL SECURITY NUMBER
FATHER'S NAME (First, Middle, Last)	FATHER'S RACE	FATHER'S DATE OF BIRTH
FATHER'S ANCESTRY	Education (Elementary/Secondary) (0-12) College (1-4 or 5+)	FATHER'S SOCIAL SECURITY NUMBER
FATHER'S STATE OF BIRTH (If Not U.S.A. Give Country)	FATHER'S OCCUPATION	FATHER'S PLACE OF EMPLOYMENT

BOTH PARENTS MUST SIGN BEFORE A NOTARY PUBLIC

We the natural mother and father, declare under penalty of perjury under the laws of the State of Montana that the following statements are true and correct. When completed and filed with the state registrar this Voluntary Declaration of Paternity establishes a father-child relationship identical to the relationship established when a child is born to married parents. **NOTICE TO BOTH PARENTS: THIS IS A LEGALLY BINDING DOCUMENT.** Upon signing this declaration, it becomes your duty under law to provide support and care for the child as the parent. **Do not sign** this declaration if you do not understand the legal effect of the document or you have doubts about the paternity of the child. **If you wish to withdraw this Acknowledgement, you must do so within 60 days, or before a support or paternity order for the child is entered, whichever is earlier.**

I certify that I am the natural mother. The above information is true and the man named above is the only possible father. I make this affidavit to name the natural father on my child's birth certificate. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Mother's Signature: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

State of: _____
County of: _____

On this _____ day of _____ 20____

_____ personally appeared before me. Her identity as the signer of the above instrument was proved to me, and she acknowledged that she executed it.

Notary Public Signature

(Seal)

Printed Name of Notary
Notary Public for the State of: _____
Residing at: _____
My Commission Expires: _____

I certify that the above information is true. I make this affidavit to show that I am the natural father on my child's birth certificate. I also understand that by acknowledging paternity of this child, I accept an obligation to provide child support under the laws of the State of Montana. I understand the rights, responsibilities, alternatives, and consequences of signing this affidavit.

Father's Signature: _____
Address: _____
City, State, Zip: _____
Phone Number: _____

State of: _____
County of: _____

On this _____ day of _____ 20____

_____ personally appeared before me. His identity as the signer of the above instrument was proved to me, and he acknowledged that he executed it.

Notary Public Signature

(Seal)

Printed Name of Notary
Notary Public for the State of: _____
Residing at: _____
My Commission Expires: _____